

CA1  
XC28  
-1987  
P63





CA1  
XC28  
-1987  
P 63

A PRESENTATION TO THE HOUSE OF COMMONS  
STANDING COMMITTEE ON HEALTH AND WELFARE

by

J. E. MACINTYRE, M.S.W.  
EXECUTIVE DIRECTOR  
THE ALCOHOLISM AND DRUG DEPENDENCY  
COMMISSION OF NEW BRUNSWICK



OTTAWA, ONTARIO  
March 24, 1987



## PREAMBLE

On behalf of the Minister responsible for the Alcoholism and Drug Dependency Commission of New Brunswick, The Honourable Nancy Clark Teed, and our Chairman, Dr. G. Everett Chalmers, I wish to express to this Committee our sincere gratitude for this opportunity to share the extent to which we are trying to impact on alcohol/drug problems in New Brunswick. We also would like to convey our impressions on what seems to be currently lacking throughout Canada in our efforts to create more impact on the horrendous problems caused to society by alcohol and/or other drug abuse.

We acknowledge that there is a serious alcohol/drug problem in Canada and, in order to create a change in society, it is extremely important to address, equally, both the demand for and the supply of drugs to Canadians. It is our view that discussion, collaboration and cooperation between provinces/jurisdictions and the Federal Government is required in order to map out a strategy to curb the current level of damage to the lives of countless Canadians who are engulfed in, or by, an alcohol and/or other drug problem.

I will share with this Committee the types of government inter-departmental and non-governmental effort currently underway in New Brunswick to pool our ideas, resources and solutions to the rather complex problems involving alcohol and other drugs.




## Historical Development and Mandate of the Alcoholism and Drug Dependency Commission of New Brunswick

Development of initiatives to combat misuse and abuse of harmful, or potentially harmful, chemical substances is not a recent phenomenon in New Brunswick. In 1978 the New Brunswick Government, recognizing the growing need to step up its efforts in this area, established the Alcoholism and Drug Dependency Commission, with a mandate to develop and implement programs of education, prevention, treatment and research, respecting alcohol and other drug-related concerns.

Since its inception, the Commission has firmly adhered to and promoted the fact that alcohol, too, is a drug. As such, design and focus of our various programs has always been from the perspective that they should address concerns related, as well, to any and all mood-altering substances - from over-the-counter prescription and non-prescription drugs to illegal "street" drugs, such as marijuana, cocaine and, more recently, crack.

## Treatment and Rehabilitation Services

The Alcoholism and Drug Dependency Commission of New Brunswick provides a regional service, which consists of treatment, community and support services. Throughout our province, there are eight (8) in-patient treatment centres, with seven (7) of these units providing detoxification and comprehensive assessment/referral services. In two of these seven units there are extensive 28-day residential rehabilitation programs. A long-term sheltered workshop for chronic



Digitized by the Internet Archive  
in 2023 with funding from  
University of Toronto

<https://archive.org/details/31761119716645>

male alcohol/drug dependent persons is also available, as is a non-governmental residential facility for females.

For a population in excess of 700,000, there are 190 in-patient beds available throughout the province, which, in 1985-1986, accounted for 4,705 admissions. Within each of the seven treatment centres, there are also assessment and aftercare programs provided through out-patient departments, which, during 1985-1986, opened 1,145 cases, with 16,413 counselling sessions given by fourteen counsellors.

Within New Brunswick the drug of choice continues to be alcohol, followed by multiple drug usage, consisting of alcohol and street drugs, alcohol and prescription drugs, or alcohol, street and prescription drugs. A more detailed analysis is available on request.

#### Education/Prevention Programming

Our Commission's Community Services Division focuses its efforts on education and prevention. During 1985-1986, eighteen counsellors provided 5,710 sessions to some 31,455 individuals in our province. There is a wide range of programs which have been developed and put in place throughout our schools and communities. These include classroom presentations and the design of a drug education component in school health curriculums.

Other programs include Safe Grad, Student Assistance Programs, Video-tox (where students produce their own anti-drug videos) and TADD - Teens Against Drunk Driving. Peer Counselling programs are quite extensively pursued by our universities and community colleges.



Additional programs aimed at providing drug education information (aimed specifically at youth) include our "Alcohol and Drug Education Program for Teens" (ADEPT) for juveniles referred through the courts, and "ALTERNATIVES" for any youth experiencing problems with alcohol and/or other drug addiction. As well, our Commission sponsors and conducts courses for adults, parents, professionals in the field, service agency professionals, law enforcement personnel, clergy, hospital staff, school teachers, guidance counselors and our own workers in the field. In all cases, the theme is "become aware", and this is achieved through providing information on drugs, their harmful properties, their addictive potential and the havoc they can wreck on individuals, families and communities as a whole.

Over the last few years there has been an increased effort in New Brunswick to foster community mobilization in our field of endeavor. There are, at present, some fourteen (eight English and six French) local community groups which have sought out the advice and counsel of our Commission in the development of their individual efforts to heighten community awareness regarding alcohol/drug problems.

Long-standing community service groups, such as Lions and Rotarians, are increasingly becoming involved in this field, as well. Lions Clubs in New Brunswick, for example, have adopted "HUGGY", a life-sized huggable lion bearing the motto "Try Hugs - Not Drugs". Huggy has been used to spread this message to children and adults, not only across our province, but throughout the Maritimes and into the United States.



## RESEARCH

The client information retrieval system currently in place at our Commission was designed and is operated in conjunction with the Computer Science Department of our University of New Brunswick. It has been described by outside "experts" as among the best in North America. Through this system, comprehensive overall program evaluations have been realized, as well as up-to-date information on our clientele - how they arrive at our centres and where they are referred to on completion of our intervention.

A comprehensive evaluation of our 28 day in-patient rehabilitation program was completed in November, 1985. This study revealed that: (a) 50% of our program graduates remained totally abstinent from drugs and alcohol throughout the six month follow-up period; (b) 76% of graduates reported an improved lifestyle; (c) they used significantly less other health and community services after graduation; and (d) the quality and quantity of care is of a high level and at a cost substantially lower (\$58.80 per patient per day) than comparable other health care facilities.

A program evaluation of detoxification programs was carried out during 1986. This study reports: (a) a high degree of client satisfaction with our Commission's programming; (b) aftercare programs were made readily available to clients upon discharge; (c) the proportion of younger clients entering treatment has grown over the past five years; and (d) female clients remain in a detox program an average of 11% longer than do males. The average per diem rate



for detoxification services in our facilities was \$77.41. Both detox and rehab beds, therefore, are much lower per patient per day than our provincial hospital average of \$264.73.

The most recent research carried out in New Brunswick was a comprehensive Provincial School Drug Survey including all students in grades 7 to 12. The drug of choice of these students was alcohol, with 70.3% reporting consumption of alcohol at least once in the preceding 12 months. However, almost 13% of junior high school students and 35% of high school students drank more than once per month. Alcohol use was followed by tobacco (43.9%), cannabis (22.8%), prescribed barbiturates (13.2%) and non-prescribed stimulants (10.1%). All other drugs used ranged from 1.7% for heroin to 7.7% for LSD.

While we believe it is often the lifestyle of a parent that contributes significantly to drug usage by adolescents, we feel this is more fully demonstrated in our student survey by the indication that, by the time they reached grade 12, 44.4% of students reported having been on a drinking spree; 21.2% reported aggressive behavior while drinking; and 38.4% reported blackouts - true indicators that this is not classified as "social drinking".

#### COST INDICATORS OF DRUG ABUSE IN NEW BRUNSWICK

New Brunswick is not unlike other provinces/jurisdiction in Canada, in that it is very difficult to provide accurate statistics and/or costs of drugs (other than alcohol) being used by its residents. From a statistical point of view, our statistics have shown, over



the past several years, an increase in the number of persons who are addicted to more than one drug. Data on the number of charges for violations of The Narcotic Control Act and/or The Food and Drug Act, show a decrease in persons charged with simple possession. However, we believe this reduction is not due to a reduction in other drug usage by the general population, but rather an increased effort on the part of policing agencies to impact on the supply of drugs.

The economic cost of alcohol abuse in New Brunswick has been determined to be at least \$215.5 million. The budget of our Commission for 1986-1987 is \$6.6 million. Of significance, we believe, is our view that financial/statistical data alone provide but one useful approach to measuring the impact of drugs used.

However, such data always hide the real human costs experienced by individuals, their families, friends and their communities. To indicate that substance abuse costs any government "X" dollars per day, does not give one an appreciation of the pain a family experiences when one of its members is an alcoholic or an addict. Nor does it capture the sense of guilt and remorse so often felt by a mother who has given birth to a child with Foetal Alcohol Syndrome, or the pain associated with the realization that a family member is slowly killing himself/herself.

#### OTHER DEMAND REDUCTION STRATEGIES IN NEW BRUNSWICK

It is our view that a Commission on Drug Dependency in any province/jurisdiction cannot, alone, impact significantly on drug problems. We are, therefore, most pleased with the longstanding relationship



between our Commission and the Federal/Provincial Sub-Committee on Alcohol and Other Drug Problems (recently elevated to an Advisory Committee). Through this Committee's cooperation, collaboration and pooling of resources, addiction training, advertising and overall health promotion have been evident in Canada.

The recently developed cooperative arrangement between the Government of Canada and the Provinces to address the issue of Driving While Impaired (DWI) problems is another indication of how this partnership benefits us all.

We have found, in New Brunswick, that interdepartment involvement in issues surrounding alcohol and drugs is not only helpful, but essential to our attempt to reduce the demand for drugs. Our Joint Committee with the Department of Education places emphasis on school programs and teacher training. Our Interdepartmental Committee on Impaired Driving, with representation from Justice, Education, Transportation, the New Brunswick Medical Society, New Brunswick Safety Council and Public Legal Education Service, is currently involved in the pooling of resources and ideas to impact on this most pressing social problem.

It is suggested that, within Canada, programming for special groups is not progressing as rapidly as it should. It is with this realization that our Commission adopted Provincial Advisory Committees for both disabled persons and seniors. With a committee composition of several provincial government departments and outside groups, these committees provide counsel to our Commission. While relatively new in existence, we have seen evidence that this type of cooperative effort does bring results.



not be felt in our Canadian society until there is a change in attitude towards the use of alcohol and/or other drugs. The social acceptance of alcohol in our society is seen as an issue which can best be addressed through a serious commitment to health promotion by all who are involved in this field of endeavor.

New Brunswick has developed a solid and cost-effective treatment modality for the victim of alcohol and other drug abuse by the provision of tertiary prevention efforts, which are seen as an excellent place from which to start progressing in this field. However, we feel that, if more Canadian emphasis were placed on public education and information, we could, over the long-term, start to see a decrease in services required by Commissions on Drug Dependency and other health care institutions.

Canada is seen to be woefully lacking in the provision of adequate addiction training, not only for persons currently working with people problems, but also for all students currently studying to become physicians, psychologists, social workers, nurses, managers and so on. Without at least a core knowledge in addictions, it is felt that those of us in a position to create behavior change will continue to be short-changed because, unfortunately, most professionals tend to gauge their client's use of alcohol and/or drugs by their own levels of consumption.

We are becoming increasingly aware of the lack of comprehensive drug dependency treatment services for adolescents and young adults, which includes a relatively new phenomenon in Canada - children of alcoholics. Without proper interventions for both



these victims and their families, it is suggested we will not make the desired positive strides that could be made.

We believe, to a greater or lesser extent, that all provinces/jurisdictions are attempting to keep pace with the demands placed on us to provide necessary services to drug dependent persons and their significant others. However, it is felt there is a disparity in delivered services, which can only be improved through a concerted effort by governmental and non-governmental groups to pull in the same direction, with the same goals and objectives. This will require, in our opinion, a reaffirmation by all of us that the drug situation in Canada can be altered drastically if more incentives were made available through more resource allocation and a true partnership via an improved federal/provincial cost-sharing arrangement.

In closing, we wish to acknowledge our pride in what has been accomplished in our field of endeavor throughout the country. We in New Brunswick are fortunate to have the support required in order to maintain our current mandate. We feel, however, that we have merely been able to "touch the surface" of our alcohol/drug problems. We feel we are on the right path to improving services, but if we can start to see more evidence of a higher level of Canadian consciousness around drug dependency issues, where individuals, families, communities and governments are seen to be working together, we can drastically reduce the ravaging effects of chemicals on our people.



We thank you for this opportunity to discuss the New Brunswick drug situation and we can assure you of our dedication and commitment to work in tandem with any initiatives that may arise from your deliberations.

Thank you.





